



DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF UNDERGROUND STORAGE TANKS

APPLICATION FOR PERMANENT CLOSURE OF UNDERGROUND STORAGE TANK (UST) SYSTEMS

The underground storage tank system tank owner/operator shall complete and submit an **original** application to the appropriate Division of Underground Storage Tanks (division) Environmental Field Office (EFO) for approval 30 days **prior** to closing **any underground portion** of an UST system. T.C.A. §68-215-114(b) states that the tank owner/operator shall be liable to the state for costs of investigation, identification, containment and cleanup, including monitoring and maintenance.

A copy of the approved application shall be on the premises during closure of any portion of the UST system.

For UST systems that meet current compliance standards, the application is valid for twelve months from the approval date. The approved application is non-transferable. If ownership of the UST system changes prior to closure, then a properly completed amended notification form and a new application for permanent closure shall be submitted for division approval.

Date _____ Facility I.D. Number: ____-____-____-____-____-____

1. Proposed date of UST system closure _____

2. Name of Facility: _____

Street Address (No P.O. Boxes): _____

City: _____, TN Zip Code: _____

Phone Number: (_____) _____ County: _____

On-site Contact (Operator): _____

FOR STATE USE: DO NOT WRITE IN THIS AREA	
REVIEW DATE:	APPROVED BY:
EXPIRATION DATE:	APPROVAL DATE:

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

3. Name of Tank Owner/Operator: _____

Mailing Address: _____

City: _____, State: _____ Zip Code: _____

Phone Number: (_____) _____ Contact person: _____

4. Current use of this property. Mark appropriate box: ☐ Commercial ☐ Residential

5. Is there a residence within 500 feet of the UST system? Yes _____ No _____

6. Soil samples shall be collected in accordance with the table below. The current UST Closure Assessment Guidelines shall be followed to determine the appropriate number, location, and depth of required samples. Laboratory analyses are based on the type of product stored. Mark **all** the following that apply:

If closing chemical tanks, then contact the Division of Solid and Hazardous Waste Management at (615) 532-0780.

Product Stored	Sample for	Product Stored	Sample for
_____ Gasoline	Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene	_____ Waste Oil Used Oil	Naphthalene EPH
_____ Diesel _____ Jet Fuel _____ Kerosene _____ Aviation Fuel	Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene EPH	_____ Unknown	Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene EPH

Method 8260B shall be used to analyze for Benzene, Ethylbenzene, Toluene, Total Xylenes, MtBE, and Naphthalene
Tennessee Extractable Petroleum Hydrocarbons (EPH) Method shall be used to analyze for EPH

7. Number of tanks registered at this facility: _____

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

8. For all tanks to be closed, list the tank number (in accordance with the annual operating certificate), capacity, contents, primary use and date last used. Attach an additional sheet if more than six (6) tanks are to be closed.

<u>Tank Number</u>	<u>Capacity (gallons)</u>	<u>Contents (past and present)</u>	<u>Usage*</u>	<u>Date Last Used**</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Retail, Commercial, Heating oil, Emergency generator, Residential, Farm, Other (please specify)

** Last date tank contained 1 inch or less of product

Type of closure: Removal_____ *** Closure-in-Place_____ (Inert material selected_____)

*** If the tank owner/operator is not the property owner, then a notarized approval statement from the property owner shall be included with this application. The statement shall include the facility address, tax map number, and parcel number.

9. For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach an additional sheet if more than six (6) dispensers are to be closed.

<u>Dispenser Number</u>	<u>Product(s) Dispensed</u>	<u>Date Last Used</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of closure: Removal_____ Closure-in-Place_____

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

10. If more than one product line trench is present, then all trenches shall be numbered. For all product lines to be closed, list the trench number, trench length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each line, and identify piping material and type. Attach an additional sheet if more than six (6) product lines are to be closed.

<u>Trench Number</u>	<u>Trench Length</u>	<u>Product Distributed</u>	<u>Piping Material*</u>	<u>Type**</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(List all that apply)

*	Steel = ST	Flexible Hose = FLEX	Fiberglass = FRP
**	Single Wall – SW	Double Wall = DW	

Type of closure: Removal _____ Closure-in-Place _____

11. Name of laboratory: _____

12. Company/Person performing the UST system closure: _____

Phone number: (_____) _____

13. Company/Person obtaining soil/ground water tankhold samples: _____

Phone number: (_____) _____

14. All excavated material remaining on the site of generation or on a site owned by the generator or subsidiary of the generator shall be placed on plastic, covered with plastic, and bermed. If practical, then the material should be segregated according to soil conditions. Proper screening and sampling of the excavated material in accordance with Technical Guidance Document - 005 shall be completed to determine if soil treatment will be necessary. All excavated material shall be considered contaminated until laboratory sample analyses indicate the material is below the Initial Screening Levels (ISLs). All excavations shall be backfilled with material containing petroleum levels below the ISLs.

Give the location/address where contaminated soil will be stockpiled:

Name of Facility/ Property Owner: _____

Address: _____

If petroleum contaminated material is to be managed in accordance with Technical Guidance Document-009, then the appropriate Application to Treat Petroleum Contaminated Soil shall be completed and submitted to the appropriate EFO for prior approval. If the contaminated material is to be treated on a site owned by a Third Party, then contact the Tennessee Division of Solid and Hazardous Waste Management for approval.

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

15. Describe how the contaminated soil will be treated, if applicable: _____

16. Give the location/address where the contaminated soil will be treated, if applicable:

Name of Facility/ Property Owner: _____

Address: _____

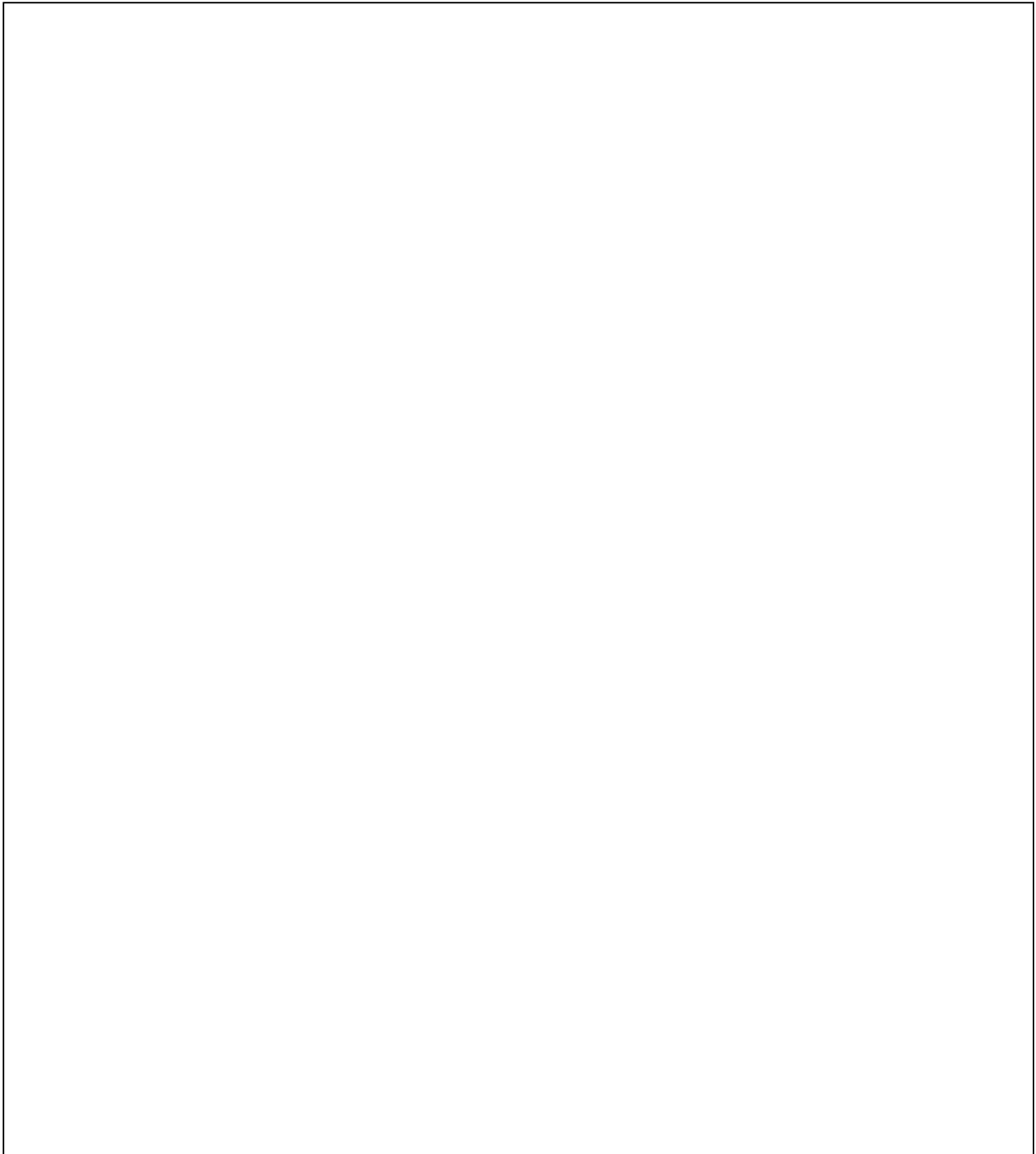
Current use of this property. Mark appropriate box: ☐ Commercial ☐ Residential

17. Describe where and how all water with contaminant concentrations greater than the applicable ISLs will be treated and disposed, if applicable:

If water is encountered, then samples shall be collected and analyzed in accordance with the current UST Closure Assessment Guidelines. A maximum of 500 gallons can be removed and properly managed without notifying the division. If more than 500 gallons of water is encountered, then UST personnel at the appropriate EFO shall be contacted.

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

18. A site map shall be provided depicting on-site buildings, the location of the underground storage tanks, associated product lines and dispensers, sampling points, underground utilities, surface water within 200 feet of the site, and property lines. Identify the nearest intersecting roads. All tanks, line trenches, and dispensers shall be numbered in accordance with numbers 8, 9, and 10, above. A permanent fixed point must be identified and a distance from the fixed point to the UST system(s) shall be provided. The site map shall include a north arrow. **THE APPLICATION WILL NOT BE PROCESSED WITHOUT THE SITE MAP.**

A large empty rectangular box with a black border, intended for the site map. It occupies the majority of the lower half of the page.

APPLICATION FOR PERMANENT CLOSURE OF UST SYSTEMS

I, (print) _____, Tank Owner/Operator for the petroleum UST system(s) at this facility, agree to submit, within 60 days of collecting the samples, the analytical results for the UST system closure. I am aware of and understand the requirements for permanent closure of regulated petroleum underground storage tanks and what my responsibilities are under the law. I will resolve all environmental problems resulting from a release from the UST system(s) at this site.

I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

UST System Tank Owner/Operator
(Print name)

Signature

Date

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me by _____ on this date

_____. My commission expires _____.

Notary Public (Print name)

Signature

Date

Stamp/Seal